POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W.	<b>र</b> इंडिं।	
O.I.P.E. CLASSIFIER	!	5	7-1460
FORMALITY REVIEW		71423	9-27-0
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS** ..... Rejected ...... Non-elected ..... Interference ..... Allowed (Through numeral)... Canceled ..... Objected ...... Restricted Claim Date Date Date Original Final Original 7. 24

If more than 150 claims or 10 actions staple additional she t h re